

LONG TERM PAVEMENT PERFORMANCE PROGRAM DIRECTIVE



For The Technical Direction Of The LTPP Program



Program Area:	General Operations	Directive Number:	GO-14
Date:	October 1, 1998	Supersedes:	S-2
Subject:	Rehabilitation Information Form RI-2 - Monitoring Continuation Request		

When all of the following conditions exist, Form RI-2, along with Form RI-1, should be completed and submitted to obtain approval for continuation of monitoring on a rehabilitated test section:

- A. Participating highway agency notifies LTPP that test section rehabilitation is planned.
- B. Participating highway agency is interested in continuing monitoring activities on the rehabilitated section.
- C. Proposed rehabilitation treatment conforms with current LTPP policy on monitoring continuation of rehabilitated test sections.

It is the responsibility of the LTPP Regional Coordination Office Contractor (RCOC) to coordinate with the highway agency to get form RI-2, Monitoring Continuation Request, completed and signed by a highway agency official.

The completed form should be submitted to the FHWA with a copy to the LTPP Technical Support Services Contractor.

Form RI-2 Monitoring Continuation Request

The following guidelines shall be followed in completing Form RI-2.

Header Block Information

The following entries shall be made in the form's header block in the top right portion of the form.

State Code

State code is the number used to identify state or Canadian province in which the pavement section is located. The codes presented in Table A.1 of the LTPP Data Collection Guide shall be used.

SHRP ID

SHRP ID is the four digit identification number assigned to the test section by the LTPP program. This number is used to facilitate computer referencing and for field identification.

Date

Enter date when form was submitted.

1. Existing Experiment Designation and Pavement Structure

Indicate the current experimental designation for the project. Use G for GPS and S for SPS, the assigned single digit experiment number, and the suffix code as applicable. **Please use a P or A suffix code to differentiate between SPS 9P and 9A test sections.** For example, if a test section started as a GPS-1, but was subsequently overlaid and is currently in the GPS 6B experiment, a G6B should be entered.

If the test section is in SPS-8, check the box corresponding to the type of pavement structure.

If the test section is in SPS-9, check the box corresponding to the type of pavement.

2. Estimated Rehabilitation Construction Start Date

Provide the best available estimate of the planned date for start of rehabilitation construction. Estimates to the nearest month are acceptable.

3. Proposed Rehabilitation Treatments -AC Surfaced Pavements

Check applicable boxes which describe all of the rehabilitation treatment activities planned for AC surfaced test sections. Also provide milling depths and overlay thickness as applicable. Provide details under other for rehabilitation treatment activities not adequately covered under one of the provided responses. Attach additional pages if more space is needed.

4. Proposed Rehabilitation Treatments -PCC Surface Pavements

Check applicable boxes which describe all of the rehabilitation treatment activities planned for PCC surfaced test sections. If the structure to be rehabilitated is an existing AC overlay on a PCC type pavement, mark any of the treatment activities planned for the PCC layer listed under this item. Provide entries for overlay thickness and debond layer type, as applicable.

Provide details under other for rehabilitation treatment activities not adequately covered under one of the provided responses. Attach additional pages if more space is needed.

5. Other Construction Activities within 300-m of Test Section

Check all applicable boxes for other construction activities to be performed within 300-m from either end of the test section. Provide details under other for construction activities within or near this zone around the test section that might affect traffic patterns on the test section or its performance, but which are not adequately covered under one of the provided responses. Attach additional pages if more space is needed.

6. Dates of Last Monitoring Measurements

The RCOC shall provide the dates of the last LTPP monitoring measurements performed on the test section. Also provide an estimated date for any monitoring planned to be performed prior to construction.

7. Agency Activities

Check all of the activities the agency agrees to perform with respect to the planned rehabilitation and subsequent monitoring. If one of the listed activities listed is not checked, attach an explanation of the circumstances and how the activity will be accomplished.

8. Signatures

A highway agency official and the responsible RCOC engineer submitting this information must sign the form in the indicated spaces.

9. Number of Attached Pages

Enter the number of pages of supplemental information included in the data form submission.

Approved by
Monte Symons
LTPP Operations, Team Leader

LTPP Test Section Rehabilitation Rehabilitation Information Form RI-2 Monitoring Continuation Request	State Code [____] LTPP ID [____] Date (dd/mm/yyyy) [____ / ____ / ____]
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1. Existing experiment designation and pavement type ({G-GPS; S-SPS}/ # / suffix - *if applicable*) [____]
 SPS-8 pavement structure - ☒ Asphalt concrete; ☒ Portland cement concrete
 SPS-9 pavement structure - ☒ New / reconstructed; ☒ Overlay
2. Estimated rehabilitation construction start date (dd/mm/yyyy) [____ / ____ / ____]
3. Proposed rehabilitation treatments - AC surface pavements
Pre-overlay treatments: ☒ None ☒ Patching ☒ Heater-scarification ☒ Fabric ☒ Milling - Total Depth ____ mm
 Overlay thickness ____ mm
Overlay material: ☒ Conventional virgin HMA mixture ☒ Recycled HMA mixture ☒ HMA with modified binder
☒ Plain jointed PCC ☒ Jointed reinforced PCC ☒ Continuously reinforced PCC
 Other _____

4. Proposed rehabilitation treatments - PCC pavements
☒ CPR treatments without overlay ☒ Overlay - thickness ____ mm
Pre-overlay treatments: ☒ Partial depth patching ☒ Full depth patching and joint/crack replacement ☒ Undersealing
☒ Load Transfer Restoration ☒ Retrofitted subsurface drainage system ☒ Crack/Break & Seat ☒ Rubblization
☒ Full Surface Diamond Grinding ☒ Debond Interlayer: Type _____
Overlay material: ☒ Conventional virgin HMA mixture ☒ Recycled HMA mixture ☒ HMA with modified binder
☒ Plain jointed PCC ☒ Jointed reinforced PCC ☒ Continuously reinforced PCC ☒ Saw and seal HMA overlay layer
 Other _____

5. Other construction activities within 300-m of test section
☒ Widening of the LTPP test lane ☒ Lane added next to LTPP test lane ☒ Intersection or ramps
☒ Tied concrete shoulder ☒ Traffic signal Other _____

6. Dates of last/planned monitoring measurements:	Last Measurements Performed	Planned Measurements Prior to Rehabilitation
Deflection (mmm/yyyy)	[____ / ____]	[____ / ____]
Distress (manual or PASCO) (mmmllyyyy)	[____ / ____]	[____ / ____]
Profile (mmmllyyyy)	[____ / ____]	[____ / ____]

7. Agency activities. The highway agency agrees to provide: *check all applicable*
☒ On-site traffic monitoring ☒ Monitoring measurement traffic control ☒ Mark and sign test section
☒ Materials field sampling and testing ☒ Rehabilitation construction data ☒ Notification prior to construction
8. Signatures. *Highway agency official and RCOC Engineer must sign verifying information*

Highway Agency Official

Name _____ Organization _____ Signature _____

RCOC Engineer

Name _____ Organization _____ Signature _____

9. Attached number of pages [____]